



PATENT  
Attorney Docket No.31640-134353

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re PATENT APPLICATION OF	)	Group Art Unit: 1646
	)	
Applicants: David KLATZMANN, <i>et al.</i>	)	Examiner: Prema MERTZ
	)	
Application No.: 08/983,474	)	Attorney Docket No.: 31640-134353
	)	
Filed: June 30, 1998	)	
	)	Customer No.
For: $\alpha$ - $\beta$ C4BP-TYPE RECOMBANANT	)	26694
HETEROMULTIMERIC PROTEINS	)	PATENT TRADEMARK OFFICE
	)	

**COMMUNICATION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

This Communication is responsive to two Interview Summaries which were included with the Notice of Allowance and Notice of Allowability for the above-referenced application, dated February 22, 2006.

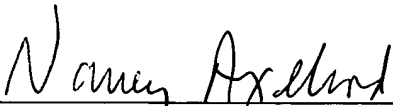
One of the Interview Summaries is dated February 14, 2006. The other Interview Summary, dated October 5, 2005, was apparently inadvertently not sent to applicants until now.

Applicants are in agreement with the substance of both of these Interview Summaries, as presented by the Examiner.

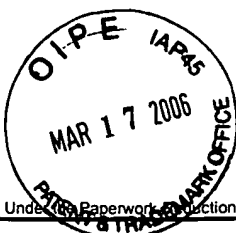
The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 22-0261, under Order No. 31640-134353.

Respectfully submitted,

Date: **March 17, 2006**

  
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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	08/983,474
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00		Filing Date	June 30, 1998
		First Named Inventor	David Klatzmann
		Examiner Name	Prema Mertz
		Art Unit	1646
		Attorney Docket No.	31640-134353

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
<b>Total Claims</b>							
- 20 or HP							
x							
=							
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>							
- 3 or HP =							
x							
=							
HP = highest number of total claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =	/50	(round up to a whole number) x	=				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge):							

<b>SUBMITTED BY</b>			
Signature	<u>Nancy Axelrod</u>	Registration No. (Attorney/Agent)	44,014
Name (Print/Type)	Nancy J. Axelrod	Telephone	
		Date	March 17, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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